



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Work Support Programs

TO: **Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

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No.: 00-47

File: 1123
1250.10

Date: 07/07/2000

Non W-2 ☒ W-2 ☒ CC ☐

PRIORITY: High

SUBJECT: **ESTABLISHING CLAIMS & LIABILITY FOR REPAYMENT OF CLAIMS**

CROSS REFERENCE: Food Stamp Handbook
AFDC Handbook
Wisconsin Works (W-2) Manual
Child Care Manual

EFFECTIVE DATE: Immediately

PURPOSE

This memo describes the change concerning establishing overpayment claims against adult household members.

BACKGROUND

Federal regulations or state statutes require overpayments to be established for all benefits an assistance group received to which they were not entitled. Overpayment claims are to be established for all programs of assistance, including but not limited to: AFDC, Child Care, Food Stamps, Medical Assistance, and W-2.

Policy and CARES have always allowed for overpayments to be established against adult member; however, in some circumstances minor children became liable for overpayments.

NEW POLICY

Agencies should seek recovery and establish liability for overpayments ONLY from adult members of the assistance group. The adult member must have been an adult member of the

assistance group at the time the overpayment occurred. All adults shall be jointly and severally liable for the value of the overissued benefits to the assistance group.

CARES

Overpayment claims are established in the CARES benefit recovery (BV) subsystem. The BV system associates all liable individuals with claims established for each program, however in some cases minors were associated with claims. The BV system will be modified to allow only adult members to be associated with overpayment claims.

This change is targeted for July 21, 2000 and will be announced via a DXBM broadcast message.

In the interim, workers must verify the individuals connected to the claim are adult members of the assistance group. Minors linked to the claim should be deleted off the claim from the transaction BVCL.

CONTACT

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Note: Email contacts are preferred. Thank you.